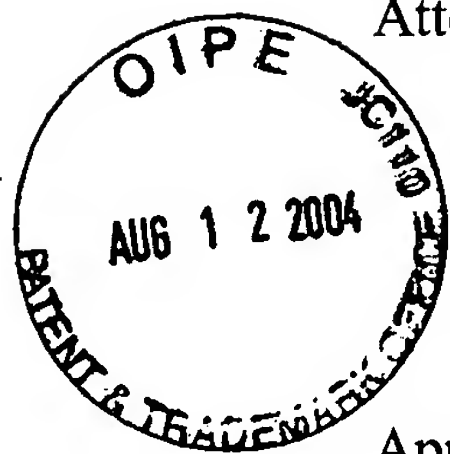


1FW

Application No.: 10/621,544
Attorney Docket: SMART-084B



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Peter Sui Lun Fong)	Confirmation No.	2477
)		
Serial No.:	10/621,544)	Art Unit:	3712
)		
Filed:	07/17/2003)	Examiner:	Cegielnik,
)		Urszula M.
For:	Animation Device for Head, Mouth,)		
	Arms and Body of a Toy)		

AMENDMENT UNDER 37 C.F.R. 1.111

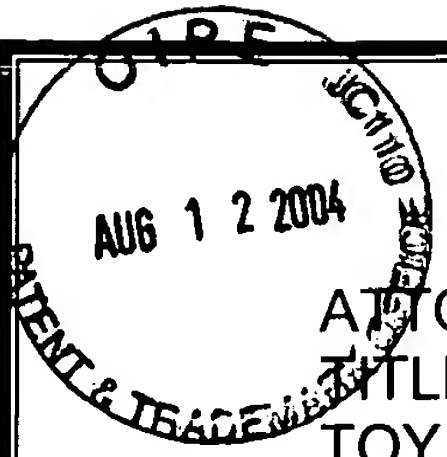
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

Responsive to the Office Action of May 28, 2004, the period for response extending until August 28, 2004, reconsideration of this action and allowance of all the claims of the present application are respectfully requested in view of the following Amendments and Remarks:

Amendments to the Claims begin on page 2 of this paper; and

Remarks begin on page 10 of this paper.



ATTORNEY DOCKET NO: SMART-084B

TITLE: ANIMATION DEVICE FOR HEAD, MOUTH, ARMS AND BODY OF A TOY

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

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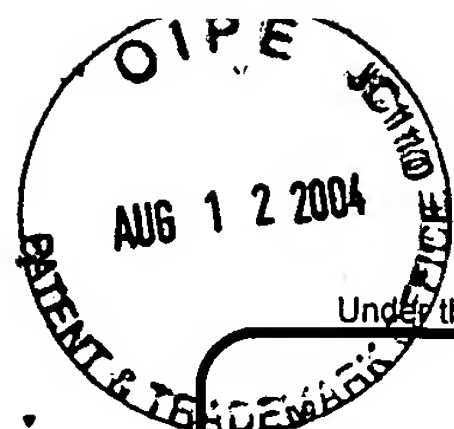
(Signature)

Andrea K. Levine

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/621,544
Filing Date	07/17/2003
First Named Inventor	Peter Sui Lun Fong
Art Unit	3712
Examiner Name	Cegielnik, Urszula M.
Attorney Docket Number	SMART-084B

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Certificate of Mailing; and Receipt of Mailing
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark B. Garred
Signature	STETINA BRUNDA GARRED & BRUCKER - Customer No. 007663
Date	8/9/04

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Andrea K. Levine		
Signature	Andrea K. Levine	Date	08/06/2004

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